

PHYSIOTHERAPY IN KOREA

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Korea is an ancient land, with a proud history of civilisation stretching back 43 centuries. It is a very beautiful country and its Japanese name "Chosun" or "Land of the Morning Calm" conjures up pictures of the morning mist floating down the narrow, winding terraced valleys, the rugged peaks above clear in the crisp, brilliant morning light. But it is also a tragic country as much of its history is of war — between Korea and her powerful neighbours, China and Japan, or between China and Japan, with Korea merely the battlefield. Intensely oriental, she is reaching to the West for all the advantages of modern civilisation which she was denied by the Japanese during their occupation from 1911-1945. Fiercely nationalistic, she is torn apart by the tragic division into North and South, along the 38th parallel, the result of the Korean War of 1949-1952.

Medicine in Korea follows three streams. First there is the traditional Korean folk medicine, which is largely herbal, although the standard cure for backache is, I'm told, a potion made by infusion of scorpions. Then there is Chinese medicine, embracing acupuncture, cautery and massage, as well as some herbal remedies, which is very popular and is more readily accepted even by educated people, than the newest form of medicine "shin yak" (new medicine) introduced from the West, firstly through Japan, and now through the U.S.A. First introduced in the last decades of the last century, Western medical practice has gradually expanded its influence until now there are many fine medical schools throughout the country, providing not only primary degrees which are internationally acceptable, but also post-graduate training of high standard. Unfortunately, almost all doctors go straight from a one-year internship into their specialist training course, giving a top-heavy medical system without any general practitioners. The result is that patients diagnose themselves and go to the specialist they feel is appropriate. This often causes delays in correct diagnosis which can be detrimental to the patient. To quote one case, a lady of about 45 years noted that her body was swollen, she felt ill and weak and began to run a temperature. Her limbs became painful and she lost some use of them. She went to the Internal Medicine Dept. of a large hospital and they ran many complicated tests, which were all negative. After some weeks someone noticed some skin symptoms and sent her to the Dermatology Dept. where the diagnosis of acute leprosy was instantaneous. However, cases like this apart, the standard of medicine is very high. It is the ambition of most doctors to gain post-graduate experience in the U.S.A., and unfortunately, many do not return resulting in a tremendous wastage of skilled personnel.

And what of our profession? Massage is part of the Chinese tradition and has classically been the work of blind men. Even today, one can hear their trade-call, a high-pitched whistle, as they ply their trade at night. However, massage is much more a household skill than that, and it is rare to find a woman who does not have some knowledge of the art; indeed it is the commonly used cure for the proverbial "pain in the back or bilious attack".

Physiotherapy as a modern medical discipline, however, has a very brief history dating back to 1949, just prior to the Korean War, when Miss Thelma Maw, an American Physical Therapist started a Physical Therapy Department at Severance Hospital, Seoul. She began to train others to help her and gradually an "in-service" training was established. In 1963 a two-year Junior College academic course was introduced at Soo-do Medical College, and has continued under a variety of names, until today, when it is a department of Korea University. The senior tutor, Mrs. Kang Wol Lee, is an Associate of the American Society of Physiotherapists, having done 18 months' training under Dr. Howard Rusk, on top of nursing training. This school has had considerable help in equipment and books from the America-Korea Foundation. However there is still a serious lack of both these items, and this reflects in the training students receive. To date there have been about 250 graduates from the school, of whom approximately half are males. It should be noted however, that many of these are lost to the profession, and that the number of practising physiotherapists throughout the whole country (population approximately 35,000,000) is about 100.

About 85% of training time is lectures, and only about 15% practical work, while even in the practical classes students are not given the opportunity to use equipment or techniques themselves. This deficiency is recognised by the staff but lack of experienced physiotherapists and of established, efficient departments, makes it difficult to correct. It is hoped to expand this course into a four-year degree course in the near future.

In 1967 a three-year course was started at Severance Hospital, the attached hospital of Yonsei University Medical School, and there have been five graduates. This course has now become a post-graduate one with an initial intake of five students. The Senior tutor is a Canadian Physiotherapist/Occupational Therapist. This year another school, offering a four-year course, has started in Seoul and it is hoped to start one in Taegu shortly. All courses are under the umbrella of a University Medical School but all face the same problem of insufficient qualified tutors.

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The Government holds registration examinations yearly and graduates of the schools must sit for them to be registered, as must all foreign physiotherapists. However, registration is not compulsory. It is also permissible for certain other groups of people, for example those completing a specified period of "in-service training" to sit for these examinations and obtain registration. This creates difficulties in setting and maintaining a professional standard.

The Korean Society of Physical Therapy was established in 1965 and has regular meetings and seminars in Seoul. Provincial branches operate in Pusan, the port city in the South, and in Taegu. All registered physiotherapists, whether trained or not, are eligible for membership. The Society has a tremendous task in front of it as it seeks to raise the status of the profession and the educational standing of its members. Currently, doctors know little of the discipline, and so fail to use therapists fully. This also means that they will not recognise that therapists are more than technicians able only to carry out orders minutely; this is very frustrating for therapists, as the orders are often inadequate or outmoded. There is certainly none of the professional consultation or confidence that one expects in Australia. The introduction of four-year training courses will help because educational status is given tremendous importance.

Private clinics are leading the way in the use of physiotherapy, with the Government and University hospitals lagging sadly behind. In these hospitals, there is no grading of "physiotherapist"; they are grouped together with others as "health workers", and no matter how many years of service are accrued, they are only "temporary Government servants", with a resultant low position on the salary scale.

Currently, Korea University is graduating about 30 students per year. Immediately following graduation, all the men do three years compulsory army training and many, on discharge, take up other employment. At the time of the 1972 graduation only five of the graduates had assured employment, yet, according to a survey presented to the KSPT (Kang Wol Rhee 1971), the number of physiotherapists was 185 short of the demand. The same survey stated that the average yearly increase of 30 persons was below the increase in demand. However, it went on to estimate that in the five-year period 1971-76, the supply and demand would equalise, given 60 graduates/year, so that by 1976 the deficit would be one person.

Present Status

Severance Hospital is maintaining its pioneering role by having the largest physiotherapy staff in the country (13) and the lowest physiotherapist/bed ratio — 1:50 — compared with other University Hospitals in Seoul, where the ratio is 1:70-80, and Government Hospitals 1:100 (Royal Hobart Hospital 1:40 approximately). Outside Seoul, the situation is even worse. At the Kyongpuk University Hospital, the one I know best, there was no physiotherapist until mid-1969, although this hospital is renowned throughout Korea for its Orthopaedic and Thoracic Surgery Departments. Currently, in this hospital of

450 beds, there is one physiotherapist. Even in hospitals where there are physiotherapists they are often not being fully used because of lack of physiotherapy consciousness on the part of the doctors. In one 400-bed hospital I know, a staff of two registered physiotherapists (one trained, one "in-service") treated an average of 22 patients a day between them. The rigid hierarchy in the hospitals, in which physiotherapists occupy a very low rung, prevents adequate education of the doctors in the value of physiotherapy. Referrals come mainly from orthopaedics (65%) and neurosurgery (12%), while internal medicine sends about 5% of the patients and general and thoracic surgery about 4% each. Unfortunately, physiotherapy is very often seen as a luxury extra in a country where the health budget is chronically too small to meet the tremendous needs. Too often, too, physiotherapy is seen in terms of expensive equipment which is simply not available.

Present Needs

Trying to look at the situation of our profession in Korea today in an unbiased way, I feel the greatest need is for adequate practical teaching of students. Having worked closely with two graduates, and had association with many others, I would say that their theoretical knowledge is adequate, but that there is a blank when it comes to practical application. If students could be taught basic principles of treatment and how to apply these in varying situations, without expensive equipment and with the resources available, the results obtained would, in time, get through to patients and doctors and create more demand. The patient potential is practically limitless . . . poliomyelitis is still prevalent; encephalitis is a yearly summer hazard; industrial and road accidents are all too common, while, with improved maternal and child health services, increasing numbers of cerebral palsied children are surviving. At the other end of life, CVA, degenerative diseases and so on, are less commonly fatal, leaving an ever-increasing number of disabled citizens.

Leprosy, too, adds to the number of the needlessly crippled and, as this was my sphere of work in Korea, I digress to speak a little about that. It is estimated there are 100,000 leprosy patients in the country of whom at least one-third would have deformity of hand, and/or feet and/or face. My Korean colleague and I were the only trained physiotherapists working full-time with leprosy patients while two others were doing part-time. This meant that a great deal of our work was in training paramedical workers and physiotherapy-aides. The Leprosy Mission, with which I worked, had two small inpatient units in two provincial cities, and was responsible for leprosy control and treatment in eight shires, each with a population of 150-200 thousand. We had over 2,000 patients on our register and, as well, we also admitted patients from other leprosy control teams for treatment of ulcers, neuritis and for reconstructive surgery. It is wonderful to know that deformities can be corrected by surgery and almost miraculous results are achieved, but our main interest was in preventing the deformities rather than

in curing them once they were established. As most of you know, leprosy tends to be selective in the nerves affected — the ulnar and median nerves in the arm, with the radial less frequently involved and usually in combination with at least one of the others; the lateral popliteal nerve at the head of the fibula, and the facial nerve, so the pattern of deformity also is relatively predictable. Until recently it was assumed that once paralysis occurred it would not recover, but it is now known that, if adequate early treatment is given, the rate of recovery is high.

Splinting, footwear, prosthetics, home help devices, and even diversional and occupational therapy and job placement tend to become the physiotherapists' work in the conditions under which we were working. Only a small proportion of those requiring physiotherapy, for any reason, receive it, either because facilities are not available, or if available, the cost is too high for the average person. There is a real need throughout the country for rehabilitation centres for the handicapped, where a rounded out programme of physical treatment could be carried out. If these were based on American ideas, involving sophisticated equipment, the cost of even one such centre would be prohibitive. The Physiotherapy Department at our main centre in Taegu caused many an eyebrow to be raised in horror as we had a minimum of equipment. My colleague who, when she first came to us told me she couldn't treat a patient for his stiff shoulder because we didn't have a shoulder-wheel, was later so indoctrinated that she told a group of visiting leprosy experts that the only essential equipment in a Physiotherapy Department was two good hands and a good head. If more could

get this idea there would be some hope of reaching the masses needing treatment.

What is our role as Australian Physiotherapists in relation to developing countries in Asia?

In relation to Korea I see this in terms of making training facilities available. This could be done in two ways, both useful and necessary. Firstly, by making available places in our training schools where Asian graduates could fill out deficiencies in their training and also by introducing a scheme whereby Asian therapists could work under the supervision of Australian therapists in our hospitals and centres, to gain a vision of the possibilities.

Secondly, by Australian therapists, particularly those with special experience or with teaching qualifications, being prepared to work in developing countries for periods of not less than two years. I state this minimum period because I have seen the frustration and futility of three to six month advisory visits — in order to adequately advise in a situation, one must get to know the situation.

It is obvious that such schemes would need to be worked out with the Government, and on an official level, but, as we as a nation look more toward Asia, I feel that we as a profession should also be doing so. I think it would be true to say that if we did, we would stand to gain more than we would give; this being especially true for any who went to a country like Korea and shared in the life of the people.

REFERENCE

RHEE, KANG WOL (1971). *A Study on Supply and Demand of Physical Therapists in Korea.*